	OF CALIF																
TRAVEL EXPENSE CLAIM STD 262 (REV 10/92)						nstructions		Section 1		Page 1 of 1 Pages							
STD 262 (REV 10/92) CLAIMANT'S NAME						Statement On Reverse Side Page 1 [SSAN OR EMPLOYEE NUMBER' DEPARTMEN											
					JOSAN OI	K EWIFLOTE	- MOMBEI	`			al Institu	tions					
William S. Haraf POSITION CB/ID NUMBER						N OR BUREA	U	ai ilistitu	LITIONS INDEX NUMBER								
Commissioner					Execu	tive Divisi	ion										
RESIDENCE ADDRESS'					MOREOUS 65 10	JARTERS AD			TELEPHONE NUMBER								
						mont Stre	eet, Sui		(415) 263-8507								
CITY STATE ZIP CODE CA					i .	rancisco			ZIP CODE 94105								
(1) MON1	H/YEAR	(3)	(4)	(5)		- I al i ci Sco	(6)	(7)	TRANS	CA			(8)	94100			
Ma	y 09	LOCATION			MEALS	о.т.,цл.,		(A)	(B)	(C)		D)	BUSINESS	TOTAL			
(2)	, 00		LODGING	BDEAK		N/C,RELO. OR	INCIDEN-	COST OF		CARFARE, TOLLS,		CAR USE	EXPENSE	EXPENSES			
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	DINNER	TALS	TRANS	USED		MILES	AMOUNTS	1	FOR DAY			
E 14			-					65 0C						GE 00			
5/1		Transit Subsidy						65.00	<u>'</u>			-		65.00			
5/2		i //Oakland/Las Ve	gas						Toll	4.00	72	39.60		43.60			
AV-1-111		and return	on Kinney on Manageria						P	16.00			59.90	75.90			
5/4		San Francisco (SFBAA)											50.00	50.00			
		Carrianciaco (Cr. Brivi)						:	1				00.00	00.00			
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COLUM	N CODE	(ACCTG/USE ONLY)								:							
(CLAIM T	TOTAL							v					234.50			
(11) F	PURPOS	SE OF TRIP, REMARKS AND DETA	ILS (Allach rec	eipts/vouchers	s when req	uired)						(12) NORMA	L WORK HOU				
												730 - 1800					
		W OFFICY THAT NO DECEM	T IC AVAIL AT	OLE AMOU	IAIT OL ALI	MED IC AC	DED DO	A DI II E 600	60E or	E00 605 41			VEHICLE LIC				
may Ira	ansit:	"I CERTIFY THAT NO RECEIP	1 15 AVAILAD	SLE. AWOU	INI CLAII	MED 19 49	PER DP	RULE 599.	020 OF	099.020.1							
May 2	- Spea	aker for the CBA Annual Cor	nvention in L	as Vegas.	Item 8.	Gas for rea	ntal car	\$59.90									
Item 7	c. Park	king at Oakland Airport \$16;	Toll \$4. (Airl	fare paid by	y Depart	ment.)						(14) MILEAGE RATE CLAIMED					
-1.													.55				
May 4	- San	Francisco Bank Attorneys A	ssociation m	ieeting - Ite	em 8. Re	gistration	\$50.00.		3-400-400-4			Agenr	y Accounti	ing Office			
7	Topic: '	"The Past Is Prologue Or Is It?	Back To The	Future"	Lessons	from the S&	L crisis/n	neltdown in tl	ne 1980)'s		Agent	y Account	ing Office			
										Tax Western			Use On	ly			

		<u> </u>															
						1.4795							enter and the second				
(15) LHE	REBY C	ERTIFY That the above is a true statemen	t of the travel expe	enses incurred b	y me in acco	ordance with DP	A rules in th	e service of the S	State of Ca	alifornia.							
liap	rivately o	wned vehicle waş used, and if mileage rat	es exceed the min	imum rate, I cer	tify that the c	cost of operating	the vehicle	was equal to or o	greater tha	an the	ļ						
		and that I have met the requirements as pr	1					vehicle safety ar CER APPROVIN	_		ENIT	Tc	DATE	1			
CLAIMAN	is sign.	víňkř,	ľ	DATE	ľ	(16) SIGNATUR	G OF OFF	OEK APPROVIN	GIRAVE	L AND PAYM	ENI		6/21	10			
-				5/28/09										07			
(17) SPEC	CIAL EXP	ENSE AUTHORIZATION - SIGNATURE	and TITLE (See III	am 17 on Revers	se)		V5030					D	DATE				
												F					

	OF CALIF															
TRAVEL EXPENSE CLAIM						nstruction	s and *Pr									
STD 262 (REV, 10/92)						tement On			Page 1 of 1 Pages							
CLAIMANT'S NAME												PARTMENT				
William S. Haraf POSITION CB/ID NUMBER						Department Division or Bureau										
						tive Divis				INDEX N	JWREK					
Commissioner RESIDENCE ADDRESS*						IARTERS AD					TELEPHO	DNE NII	MBER			
is a second seco						mont Stre					TELEPHONE NUMBER (415) 263-8501					
CITY STATE ZIP CODE						morn our	cot, out		STATE		1(+10) 2		ZIP CODE			
CA						rancisco			CA				94105			
(I) MON	HYEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRANS	PORTATION			(8)	(9)		
May 09 LOCATION					O.T.,L/T.,		(A)		(B)	T		D) BUSINES		TOTAL		
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C,RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,	PRIVATE	CAR USE	EXPENS	EXPENSES		
DATE	TIME	WERE INCURRED	Loboline	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNTS	ı l	FOR DAY		
540		× ×	170.10	0.00	40.00		0.00		7	50.00				000 70		
5/18	0500	//SFO/Washington DC	176.40	6.00	10.00		6.00		Taxi	50.00	26	14.30		262.70		
5/19		Washington DC	176.40				6.00		Р	42.00				224.40		
F /00	4000	DO 10501		1	10.00				1	52.00	00	11.00		00.00		
5/20	1930	Washington DC /SFO/			10.00	-	-		Toll	6.00	26	14.30		82.30		
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COLUM	N.CODE	(ACCTG:USE:ONLY)														
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	CLAIM T													569.40		
11) F	PURPOS	E OF TRIP, REMARKS AND DETAILS	(Allach receipt	s/vouchers wh	en require	d)						(12) NORMA	L WURK	HOURS		
May	18 - 20	0 Washington, D.C.											730 - 1	800		
		he CSBS 2009 Annual Busin									*			E LICENSE No.		
		Meeting and Board of Director					idman (Center in A	Arlingt	on,						
		(c) Taxicab Fares to and fro	m meeting	gs in Wash	nington	DC.					ĺ					
(Airta	are pai	d by Department)									Ī	(14) MILEAG	E RATE	CLAIMED		
F- 1	1										}		.55			
D-5													.00	<u>.</u>		
ريدر	-										F	Agency	Accou	nting Office		
												ι	Jse C	inly		
											1					
												- 1	1522.0.00			
ifap	rivately ov	RTIFY That the above is a true statement of the roled vehicle was used, and if mileage rates ex and that I have het the requirements as prescrit	ceed the minimul	n rate, I certify th	nat the cost o	of operating the	vehicle was	equal to or grea	ler than th	e						
	tiekigna		10	DATE				ER APPROVIN			ENT	10	DATE			
	,				ľ		5,,,,,		J			1	,	2/09		
	1.			5/282009					88. EF				6/	2/09		
7) SPEC	CIAL EXPE	ENSE AUTHORIZATION - SIGNATURE and T	ITLE (See Item 1	7 on Reverse)		. ,			(1			0	DATE			